

S. No. 2
4-13-40
5-17-39
I X2314

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

16514
4930

Registration District No.

318

Primary Registration District No.

1005

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULLNAME William E. Rhodus

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February 20, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Street Car Operator

11. Industry or business _____

12. Name William Rhodus

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bandy

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie Rhodus

(b) Address 5409 Maple Ave.

17. (a) Burial (b) Date thereof 5 - 29 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union

19. (a) MAY 20 1943 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5409 Maple
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from 4/29 to 5/26, 1943
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Ac. Pyelo nephritis
non-calculous
Renal artery Hypertrophy

Due to 1270

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Renal artery Hypertrophy PHYSICIAN
Of operation (Blunt)
Of autopsy yes
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bruck (M. D. or other) _____
Address 313 N. 9th Date signed 5/27/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Pro. Res. Seal
Bentley Bldg.
313 N. 9th St.
St. L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Gay W. Wilkinson

Licensed Embalmer No. *3575*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.